

UNITED STATES DISTRICT COURT

FOR THE

DISTRICT OF MASSACHUSETTS

CHARLES BRIDGES, A BRISTOL COUNTY

HOUSE OF CORRECTION INMATE

PLAINTIFF,

VS.

ANDREW T. GALLAGHER; AND

THOMAS M. HODGSON, IS THE SHERIFF;

NAT STILLMAN AND ANDREW; ARE

NURSE PRACTITIONERS.

DEFENDANTS.

C.A. NO.

05-10825-EFH

Referred to Ch MJ MB Book

JURY DEMAND REQUESTED

CIVIL RIGHTS COMPLAINT

This is a Civil Rights Complaint Filed by a (Pro Se), plaintiff presently incarcerated at The Bristol County House of Correction. This is a § 1983 Civil Rights Complaint alleging Constitutional and Civil Rights violations, protected under The Jurisdiction of This Court District and Federal.

JURISDICTION

This Court also has Jurisdiction under The plaintiff's Complaint, For alleging violations of Medical Deprivation Act protected by The United States Constitution § 1349 - § 1314.

PARTIES

1. Plaintiff, Charles Bridges, A Bristol County House of Correction Inmate presently Serving a Sentence of

FILED
IN CLERKS OFFICE
2005 APR 13 P 3:07

U.S. DISTRICT COURT
DISTRICT OF MASS.

2. Defendant, Thomas M. HODGSON; IS THE Sheriff at The Bristol County House of Correction, (B.C.H.O.C.); He is Responsible for overseeing The Orderly Operation of The prison and personnel and staff Thereof. He is being Sued in his official and Individual Capacities.

3. Defendant, Nat Stillman; IS An Agent of The Sheriff, he is The Nurse practitioner of The Bristol House of Correction (B.H.O.C.). His Duties consists of ministering To ALL Inmates medical Complaints And injuries. He is Sued in his official and Individual Capacities.

4. Defendant, Andrew John Doe, IS An agent of defendant Stillman, He is responsible for evaluating and Tending to all Inmates medical Complaints. He is being Sued in his individual and official Capacities.

ALL Defendants herein named in This Complaint, have acted under COLOR OF STATE LAW At all Times relevant To This Complaint.

3. On February 3, 2005, The Plaintiff mr. Charles Bridgess, Implemented an medical Complaint For and directed it To medical practitioner mr. Nat Stillman, who is a defendant in The plaintiff's Complaint, Complaining of a Foot matter and requested a medicated Creme due to a Severe case of athletic Foot.

4. The plaintiff who is diabetic, had Implemented Several medical requests For his pleading For Immediate medical attention Concerning his over obsessive growth of his Toe nails which has and continues to affect plaintiff's mobility of walking. These requests were denied without any explanations whatsoever.

5. On February 4, 2005, Plaintiff Submitted another medical Complaint requesting medical attention due to an Severe eye injury he Sustained during his employment as a Kitchen employee at The Jail where he has been Since October 12, of 2004, by dangerous chemicals being splashed into The plaintiff's eye. The plaintiff has been interviewed by The nurse practitioner mr. Stillman, who has refused to minister To The plaintiff's Complaints due to his unprofessionalism and The medical personnel's lack of expertise in dealing with The nature of plaintiff's injuries and medical Complaints.

3. On January 20, 2005, The plaintiff was taking To a outside hospital to be Seen by an eye specialists who prescribed The plaintiff an eye medication. Plaintiff a former Kitchen Worker was forced to work in an hazardous environment, expected To handle materials That are unsanitized, Implemented in a manner That poses a health hazard To The decoration of all inmates working in The kitchen.

End OF FACTS

9.

FIRST CAUSE OF ACTION

The Defendants Hodgeson; Stillman; And Andrews violated The plaintiff's aforementioned Rights when They Ignored his medical Requests. violated his 14th Amendment rights To The Cruel in Unusual punishment clause To The United States Constitution and declaration of his Liberty Rights protected by state and Federal mandate.

D.

SECOND CAUSE OF ACTION

The Defendants violated The plaintiff's aforementioned Rights when They Failed to act on plaintiff's medical Complaints and Failed to properly resolve his Issues. in violation of his Liberty and Constitutional rights. To The 14th Amendment under The Cruel in Unusual clause To The United States Constitution.

1.

A. Grant damages in The Following Amounts: Punitive:

- (1) \$ 10,000.00 Thousand dollars Against ALL Defendants:
- (2) \$ 80,000.00 Thousand dollars Against Stillman:

B. Grant Compensatory damages in The Following Amounts:

1. \$ 5000.00 Against defendant Hodgeson:
2. \$ 100,000 Against defendants stillman and Andrews.

C. Grant Such other relief as This Court deems proper in Just.

12.

Signed Under The pains and penalties of perjury, This 19th Day of February of 2005.

Respectfully Submitted;

Mr. Charles Bridges (Pro Se)

Mr. Charles Bridges (Pro Se)

100 Faunce Corner Road

North Dartmouth Ma. 02747

DATED: February 19th, 05 2005.

RECEIVED
2/4/05

BRISTOL COUNTY SHERIFF'S OFFICE

SUBMIT ENTIRE
3-PART FORM

PRESS FIRMLY

INMATE MEDICAL INQUIRY FORM
(FORWARD TO HSU ADMINISTRATOR)

Instructions:

- (1) In the event that an inmate is unable to resolve a medical problem or complaint informally, a formal written inquiry may be filed using this form.
- (2) Print legibly; provide all requested information; sign and date form prior to submitting. **SUBMIT ENTIRE THREE-PART FORM. YOUR PINK COPY WITH RESPONSE WILL BE RETURNED TO INMATE.**
- (3) You may inquire on your own behalf concerning a legitimate complaint or problem regarding a specific medical issue. Only one issue per inquiry; no duplicate or repetitive inquiries; no inquiries may be filed on behalf of a "class" or group of inmates.
- (4) Inquiries may be appealed to the ADS Medical Services within five (5) days using Section III below.
- (5) **Do not use this form to request medical services. Please submit a sick-slip to be seen by a medical professional.**
- (6) **THIS FORM IS NOT TO BE USED FOR ANY OTHER CORRESPONDENCE OR PURPOSE OTHER THAN TO FILE A MEDICAL INQUIRY TO RESOLVE A MEDICAL COMPLAINT. MISUSED FORMS AND INCOMPLETE, IMPROPERLY FILED AND REPETITIVE INQUIRIES SHALL NOT BE PROCESSED OR FORWARDED.**

*PLEASE PRINT & PRESS FIRMLY

INMATE USE - SECTION I

INMATE NAME: Charles Bridges (Print) I.D. NUMBER: _____ DATE: 2/3/05
 If applicable
 also check here
 FACILITY LOCATION (check one): DHOC Ash St. D.W.C. HOUSING UNIT/CELL #: 1-West #10 I.N.S. Detainee

MEDICAL INQUIRY: I am diabetic, it runs in my family and one inherent aspect of my diabetes is very bad feet. Today I was refused foot cream by P.A. Nat Stillman even after I showed him my dry and cracking feet. I would appreciate an immediate reconsideration with regards to this matter or I feel I will be forced to involve my family in this matter. Thank You
 (ATTACH ADDITIONAL PAGE IF NECESSARY)

REMEDY REQUESTED: Be issued medicated foot ointment.
 INMATE SIGNATURE: Charles Bridges DATE: 2/3/05

HSU ADMINISTRATOR USE - SECTION II (Response time 10 days)

RESPONSE: On 2/3/05 you were evaluated by the PA. He advised you to increase your fluid intake, and purchase cream or powder from canteen for your feet.

HEALTH UNIT ADMINISTRATOR SIGNATURE: CA DATE: 2/8/05

INMATE RECEIPT OF DECISION/INTENT TO APPEAL - SECTION III

You have five (5) weekdays to appeal this decision in writing to the ADS Medical Services.

Complete the following: I do () I do not () Intend to Appeal this Decision.

INMATE SIGNATURE: _____ DATE: _____

APPEAL DECISION - SECTION IV (Response time 5 days)

ADS MEDICAL SERVICES'S DECISION: AFFIRMED _____ DENIED _____ MODIFIED _____

ACTION TAKEN: _____

ADS MEDICAL SERVICES SIGNATURE: _____ DATE: _____

DISTRIBUTION:

White - Medical Record/Medical Department
 Canary - ADS Medical Services
 Pink - Inmate Response Copy

C/C Peter Castanza
MA. Legal Services 12/01/03

BRISTOL COUNTY SHERIFF'S OFFICE

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INMATE USE - SECTION I

INMATE NAME: Charles Bridges

(Print)

I.D. NUMBER: 100-111-1111DATE: 2/13/05FACILITY LOCATION (check one): DMOC Ash St. D.W.C. HOUSING UNIT/CELL # 100-111-1111

If applicable
also check here
I.N.S. Detainee

MEDICAL INQUIRY:

On 2/13/05 I had a sprained foot from my
PA (not ST) I went to the infirmary and I found that my foot was
I had to go into my room to my infirmary with regards to
this my foot is still in pain I am forced to use my foot to

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REMEDY REQUESTED:

INMATE SIGNATURE: Charles BridgesDATE: 2/13/05

HSU ADMINISTRATOR USE - SECTION II (Response time 10 days)

RESPONSE:

On 2/13/05 I had a sprained foot from my
PA (not ST) I went to the infirmary and I found that my foot was
I had to go into my room to my infirmary with regards to
this my foot is still in pain I am forced to use my foot to

HEALTH UNIT ADMINISTRATOR SIGNATURE: _____ DATE: _____

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Complete the following: I do () I do not () Intend to Appeal this Decision.

INMATE SIGNATURE: _____ DATE: _____

APPEAL DECISION - SECTION IV (Response time 5 days)

ADS MEDICAL SERVICES'S DECISION: AFFIRMED DENIED MODIFIED

ACTION TAKEN:

On 2/13/05 I had a sprained foot from my
PA (not ST) I went to the infirmary and I found that my foot was
I had to go into my room to my infirmary with regards to
this my foot is still in pain I am forced to use my foot to

ADS MEDICAL SERVICES SIGNATURE: _____ DATE: _____

DISTRIBUTION:

White - Medical Record/Medical Department

Canary - ADS Medical Services

Pink - Inmate Response Copy

C/C Peter Cusenza

114. legal form

12/01/03

BRISTOL COUNTY SHERIFF'S OFFICE

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3-PART FORM

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*PLEASE PRINT & PRESS FIRMLY

INMATE USE - SECTION I

INMATE NAME: *Charles Bridges*

(Print)

I.D. NUMBER: *110916*DATE: *2/1/05*
If applicable
also check here
I.N.S. Detainee FACILITY LOCATION (check one): DHOC Ash St. D.W.C. HOUSING UNIT/CELL #: *101*

MEDICAL INQUIRY:

I have been informed that your refusal to submit my medical records to me (Inmate) is due to an administrative error. I am requesting that you correct this error and submit my medical records to me. Thank you.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REMEDY REQUESTED: *Submission to me all my medical records*INMATE SIGNATURE: *Charles Bridges*DATE: *2/1/05*

HSU ADMINISTRATOR USE - SECTION II (Response time 10 days)

RESPONSE:

HEALTH UNIT ADMINISTRATOR SIGNATURE: *2/4/05* DATE: *2/4/05*

INMATE RECEIPT OF DECISION/INTENT TO APPEAL - SECTION III

You have five (5) weekdays to appeal this decision in writing to the ADS Medical Services.

Complete the following: I do () I do not () Intend to Appeal this Decision.INMATE SIGNATURE: *Charles Bridges* DATE: *2/1/05*

APPEAL DECISION - SECTION IV (Response time 5 days)

ADS MEDICAL SERVICES'S DECISION: AFFIRMED DENIED MODIFIED

ADS MEDICAL SERVICES SIGNATURE: *C/c Peter Costanza (Documentation)* DATE: *2/1/05*

DISTRIBUTION:

White - Medical Record/Medical Department

Canary - ADS Medical Services

Pink - Inmate Response Copy

*C/c Peter Costanza (Documentation)
P.M. Legal Serv.
12/01/03*

GENERAL

Bristol County Sheriffs Office - 0037		SITE PHONE # <u>(508)995-6417</u>	SITE FAX # <u>()</u>
Inmate Name Last <u>BRIDGES</u> First <u>Charles</u> M.I. <u></u>		Today's Date <u>01/18/05</u> (mm/dd/yy)	
Alias Inmate Name Last <u></u> First <u></u> M.I. <u></u>		Birth Date <u>0410 4 58</u> (mm/dd/yy)	
Inmate Number <u>110916</u>	SS Number <u>016507469</u>	PHS Custody Date <u>10113104</u> (mm/dd/yy)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Will there be a charge for this office visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Potential Release Date <u>04103106</u> (mm/dd/yy)	
Requesting Provider <u>Andrews</u>	History of illness/injury with date of onset: <u>Kitchen worker sprang in eye with shaggy dog p flushing to eye etc. for exam</u>		
Place a check mark (✓) in the Service Type requested (one only) AND complete additional applicable fields.			
<input checked="" type="checkbox"/> Office Visit (OV)	<input type="checkbox"/> Outpatient Surgery (OS)		
<input type="checkbox"/> X-ray (XR)	<input type="checkbox"/> Dialysis (DI)		
Specialist referred to: <u>Eye Health</u>	Results of complaint directed physician exam with objective finding: <u>Dx: keratitis To follow up in 2 days</u>		
Is this the initial evaluation / visit? <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Estimated Date of Service: <u>01120105</u> mm/dd/yy			
First Eval Date: <u>1 1</u> mm/dd/yy	Surgery? (date)		
Last F/U Date: <u>1 1</u> mm/dd/yy	<u>1 1</u> mm/dd/yy		
Please list any additional services that may be included in this visit: <u></u>			
Previous treatment and response: (include meds) <u>1/10/05 Dr Ode</u>			
Type of Treatment, Procedure or Surgery Requested: <u>Eye w optometrist</u>			
MULTIPLE VISITS: # of visits:			
Therapy Days (Dialysis, PT/OT/ST): (Check box for days visits are scheduled) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> SU			
<input type="checkbox"/> See Attached			
★ You must include copies of all pertinent lab, X-rays, and specialty consult reports with this form.			
UM DECISION:	<input type="checkbox"/> Approved <input type="checkbox"/> Via Protocol		
<input type="checkbox"/> Alternative Treatment Plan			
<input type="checkbox"/> More Information Requested			
★ Regional Medical Director signature and printed name required:			
(Signature)		Printed Name:	
Do not write below this line. For Case Manager and Corporate Data Entry ONLY.			
Cert. Type:	Med Class	CPT Code	UR Auth #

To: Clerk of Court, Civil:

United States District Court

District of Massachusetts

One Court house Way, Suite 2300

Boston, MA. 02118

FILED
IN CLERK'S OFFICE 2005

2005 APR 13 P 3:07

U.S. DISTRICT COURT
DISTRICT OF MASS

05-10825-EMB

COVER SHEET

Enclosed please Find plaintiff's original § 1983 Civil
Rights Complaint, And motions To Waive all Filing Fees,
And Motion For Appointment of Counsel.

Due to The Seriousness of plaintiff's Complaints
and Emergency Issues, Can you kindly document The
plaintiff's Complaint as soon as business hours would
allow you too. Copy of letters enclosed.

Thankyou!

Sincerely,

Mr. Charles Bridges (Pro Se)

Mr. Charles Bridges (Pro Se)

400+ Faunce Corner Road

North Dartmouth MA. 02747